Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.

Oral and Maxillofacial Surgery

1223 HERMANN PROFESSIONAL BLDG.

HOUSTON, TEXAS 77025

Telephone JA. 6-1529

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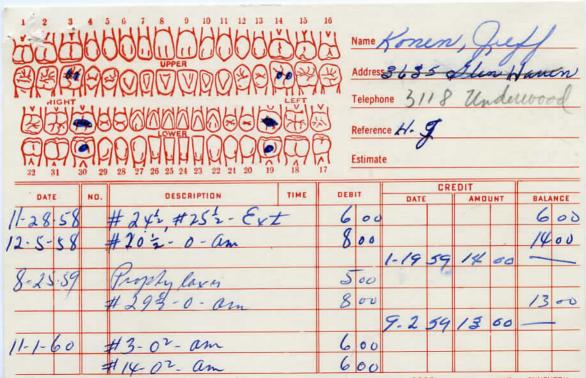
THANK YOU FOR REFERRING

Jeff Konen

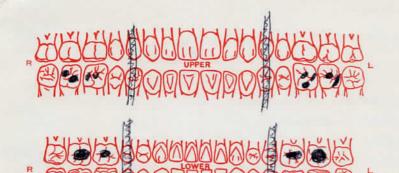
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W. J. SCHOVERLING, D.D.S., M.S.D.

PRACTICE LIMITED TO ORTHODONTICS

3931 ESSEX LANE - MOHAWK 5-7400
ESSEX PROFESSIONAL BUILDING
HOUSTON 27, TEXAS

8-4 1965

Please take

to your dentist and have the teeth indicated below extracted.

UPPER LEFT

eff Konen

UPPER RIGHT



DECIDUOUS

DECIDUOUS

TEETH

ODSX00111000XCCO

LOWER LEFT

LOWER RIGHT

Many Thinks, Out

W. J. SCHOVERLING, D.D.S.

PRACTICE LIMITED TO ORTHODONTICS

31 ESSEX LANE - 621-3155

HOUSTON, TEXAS 77027

	5-5-70 19
Please take	to your dentist and have the teeth indicated below extracted.

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LOWER LEFT

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W, J. SCHOVERLING, D.D.S., M.S.D. PRACTICE LIMITED TO ORTHODONTICS

3931 ESSEX LANE - MOHAWK 5-7400 ESSEX PROFESSIONAL BUILDING

HOUSTON 27. TEXAS

Please take Konen

to your dentist and have the teeth indicated below extracted.

8-4 1965

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Many Stenke, Due

W. J. SCHOVERLING, D.D.S., M.S.D.

PRACTICE LIMITED TO ORTHODONTICS

3931 ESSEX LANE MOHAWK 5-7400
ESSEX PROFESSIONAL BUILDING
HOUSTON 27, TEXAS

October 12, 1965

Mr. H. J. Konen 3118 Underwood Houston, Texas

Dear Mr. Konen:

As is my custom, I am sending this memorandum of the financial arrangement for the treatment of the malocclusion of Jeff's teeth, that you may have it for future reference.

The fee for the active treatment will be \$850.00 with an initial payment of \$100.00, and \$25.00 each month until the entire amount has been paid. There will be an additional fee should the patient require extended treatment due to an accident, or at the end of treatment when retaining appliances are placed, if they are broken or lost due to negligence.

There is no way of knowing the length of time it will require to complete a case. Some teeth move faster than others and some cases are more complicated than others.

We examine the teeth very carefully for cavities, chart same, and give the chart to the patient, however, we cannot be held responsible for cavities. Jeff should see his general dentist at least every six months for an examination.

must wear the appliance, follow all of my instructions, keep his appointments and take good care of his teeth as to proper cleaning, especially before retiring. I must ask for the cooperation of both patient and parents in order to obtain the desired results.

Please acknowledge receipt of this memorandum with your signature in the space provided on pink copy and return for our files.

If there are any further questions regarding the case, please feel free to contact me.

Sincerely,

Dr. W. J. Schoverling

WJS/W

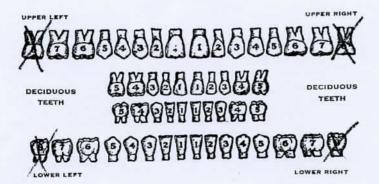
I acknowledge receipt of the above memorandum.

Signature of Parent

Date

W. J. SCHOVERLING, D.D.S.
PRACTICE LIMITED TO ORTHODONTICS
3931 ESSEX LANE - 621-3155
HOUSTON, TEXAS 77027

		3 - 3 - 777_19
Please take	to your dentist and have t	he teeth indicated below extracted.
Jed Horne		



Man Almer

DANIEL GORDON WALKER, D.D.S., M.D.

Oral and Maxillofacial Surgery

1223 HERMANN PROFESSIONAL BLDG.

HOUSTON, TEXAS 77025

June 19, 1970

Dr. W. J. Schoverling 3931 Essex Lane Houston, Texas 77027

Dear Dub:

Thank you very much for referring Jeff Konen to me for removal of four impacted third molars. This procedure was carried out at the Methodist Hospital under general anesthesia on June 6, 1970. His postoperative course has been uncomplicated and I dismissed him to return to you for continued orthodontic care on June 17, 1970.

Thank you again for permitting me to work with you on this nice patient.

With kindest personal regards, I am

Sincerely yours,

Daniel Gordon Walker, D.D.S., M.D.

Dr. Schoverling

DANIEL GORDON WALKER, D.D.S., M.D., M.Sc.
Oral and Maxillofacial Surgery

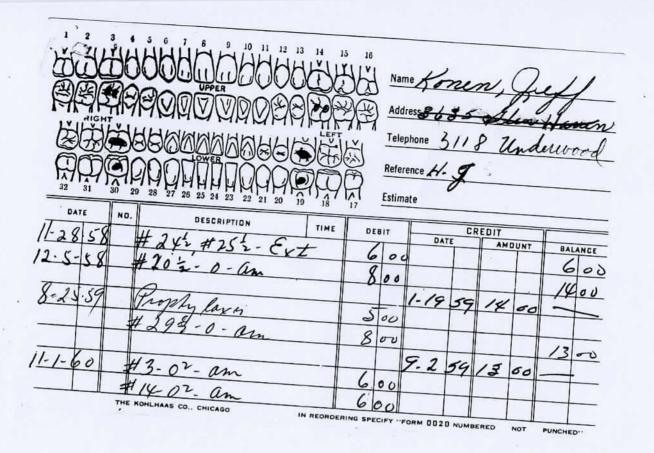
1223 HERMANN PROFESSIONAL BLDG. HOUSTON, TEXAS 77025

Telephone JA. 6-1529

THANK YOU FOR REFERRING

Jeff Konen

REGARDING. REMARKS.



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